

Request for Public Information

In order to review personnel files or any other public information on file with the Civil Service Commission, please complete the information requested below.

Please Note: Up to two (2) file preparation days may be required if you are unable to provide the

SOC	ial security number for the in-	dividual whose personnel fi	e you are requesting	
Naı	me (please print):			
	eet Address:			
City	, State, Zip Code:			
Day	ytime Telephone Number:			
	I would like to review the pe former employee): Full Name:	_	City of Columbus, O	. ,
	Social Security Number:			
	I would like to review the fol	lowing information on file w	th the Civil Service C	ommission.
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\$.1	nderstand that if I want copic 5 per page. I agree to pay th	•	copies:	he cost of copying is
Sig	nature:		Date:	
		For Civil Service Commission	Use Only	
Info	rmation Request Completed by:			Date:
Сор	y Charges Paid:	Received By:		Date:

IOP&P A-AF

ISSUED: 02/10/2003

Applicant & Employee Services

S:Forms:Section A 04